



Name of Participant: _____

Current School: _____

Grade in School: _____

Email: _____

PERMISSION TO PARTICIPATE IN YOUTH LACROSSE CLINIC

As a parent or legal guardian of _____ (“Child”), I hereby give my permission for Child to participate in a youth lacrosse clinic in (the “Clinic”) sponsored by North Andover Youth Lacrosse (“NALAX”) and agree as follows:

I understand and acknowledge that my Child must at all times follow the written and verbal rules and instructions provided by Clinic staff while participating in the Clinic.

I acknowledge and understand that lacrosse, and this Clinic, involves contact with other players and that there is the potential to be struck with a stick or a ball, to fall and/or otherwise sustain physical contact or injury. I certify that I am aware of no physical or mental condition that could inhibit my Child’s safe participation in such activities while participating in or watching in close proximity to the Clinic. I hereby agree that the Clinic’s staff may administer first-aid to my child, or medicines that I have delivered to them.

I confirm that my Child has health and accident insurance in effect that would cover him/her for any injury sustained while participating in the Clinic, and I understand that NALAX provides no such coverage on my Child’s behalf.

I hereby, for myself, for the above-named Child, for any other parent or guardian of my child, and for our heirs, executors and administrators, waive, release, discharge, and agree to indemnify and hold harmless NALAX, all Clinic instructors and supervisors, and each of their respective owners, members, officers, directors, managers, employees, agents and independent contractors (the “Released Parties”), from any and all claims, damages or injuries arising out of or related to the Clinic or related activities to the fullest extent permitted by law. I also understand and agree that any unreleased liability will be limited to actual damages, not to exceed the maximum amount covered by accident or liability insurance maintained by NALAX, if any. I recognize and agree that the Released Parties assume no responsibility for any liability, damage, or injury that may be caused by my Child’s failure to follow instructions at the Clinic, negligence or willful acts committed prior to, during, or after participation in the Clinic, or for any liability, damage, or injury caused by the intentional or negligent acts or omissions of any other person present during the Clinic.

This release shall be governed by Massachusetts law.

Signature

Print Name

Date